

JUN 28 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/681,054 | |
| | Filing Date | 10/09/2003 | |
| | First Named Inventor | Thomas PELS | |
| | Art Unit | 3681 | |
| | Examiner Name | T. Lewis | |
| Total Number of Pages in This Submission | 23 | Attorney Docket Number | 0764 DIV |

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | | | |
| Signature |  | | |
| Printed name | Alfred J. Mangels | Reg. No. | 22,605 |
| Date | 6/28/05 | | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name Alfred J. Mangels Date 6/28/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 28 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/06/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,400.00)

Complete if Known

| | |
|----------------------|-------------|
| Application Number | 10/681,054 |
| Filing Date | 10/09/2003 |
| First Named Inventor | Thomas PELS |
| Examiner Name | T. Lewis |
| Art Unit | 3681 |
| Attorney Docket No. | 0764 DIV |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 501300 Deposit Account Name: Alfred J. Mangels

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|---------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100Multiple dependent claims 360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 25 - 20 or HP = 0 | 0 | 0 | 0 | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
| | | | | 10 - 3 or HP = 7 | 200 |

HP = highest number of independent claims paid for, if greater than 3

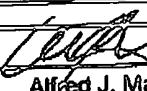
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|---------------|
| | | | | | |
| 100 | 1 | 50 | 1 | 1 | |

(round up to a whole number) × _____ = _____
Fee Paid (\$)

1. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

| | | | | |
|-------------------|---|------------------|--------|--------------------------|
| SUBMITTED BY |  | Registration No. | 22,605 | Telephone (513) 469-0470 |
| Signature | | (Attorney/Agent) | | Date 06/28/05 |
| Name (Print/Type) | Alfred J. Mangels | | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 28 2005

0764 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas PELS et al.

Serial No.: 10/681,054

Filed: October 9, 2003

For DOUBLE-F-CLUTCH TRANSMISSION

Group Art Unit 3661

Examiner: T. Nguyen

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir.

In response to the Office Action dated March 28, 2005 (Paper No./Mail Date 20050320), please amend the above-identified application as follows:

Amendments to the Specification – the specification is not being amended by this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Amendments to the Drawings – the drawings are not being amended by this paper.

Remarks begin on page 18 of this paper.

06/29/2005 TL0111 00000031 501300 10681054
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